SIA

760PY

Virginia Part-Year Resident Income Tax Return

2004

| Due May | 2, 2 | Your First Name MI Last Name | Suffix | • B You | ır Soci | al Se | curity Number | | | | |
|--|-------|---|---|---------------------------|--------------------|----------|------------------------------------|--|--|--|--|
| Check Applicable Boxes: Amended Return - Check if Result of NOL Fixed Date Conformity Modifications Qualifying Farmer, | | | | | | | | | | | |
| | | | 'Suffix | • A Spo | ouse's | Socia | al Security Number | | | | |
| | | Present Home Address (Number and Street, or Rural Route) | | _ | F | or Off | ice Use | | | | |
| | | City, Town, or Post Office, and State ZIP Code | | | | | | | | | |
| Fisherman Merchant S | or | Name of Virginia City or County Where You Were A Resident on Jan. 1, 2005 IMPORTANT | Name of Virginia City or County Where You Were A Resident on Jan. 1, 2005 IMPORTANT Locality Code from Instructions | | | | | | | | |
| ☐ Overseas | on Du | e City or | ☐ Count | ty • | | | | | | | |
| Date Date | es of | Residence in Virginia: You - From To To Spouse - From | om | | | To . | | | | | |
| | | month/day/year month/day/year | mo | onth/day/yea | r | | month/day/year | | | | |
| STEP 1 | | FILING STATUS (CHECK ONLY ONE) Ifboth husband and wife had income, using Filing Status 4 may result in less tax than Filing Status 2 (see instructions). EXEMPTIONS (Enter Number) You 65 or over Blind Dependent | ─ Tot | | E | | MPTION AMOUNT er on Line 12 below. | | | | |
| Check your | 1 | Single (Claiming federal Head of Household? YES) 1 + + + + + + | = | X \$800 |) = [| | 00 | | | | |
| Éiling | 2 | Married, Filing Joint Return | | | | | | | | | |
| Status Enter | | (Even if only one had income) 2 + + + + | = | X \$800 |) = | | 00 | | | | |
| your Exemptions | 3 | Married, Filing Separate Returns (Enter spouse's SSN above) Spouse's full name | = | X \$800 |) = [| | 00 | | | | |
| _ | 4 | Married, Filing Separately Column B: Yourself 1 + + + | = [| X \$800 |) = [| | 00 B | | | | |
| | | on this Combined Return Column A: Spouse 1 + + + | = | X \$800 | | | 00 A | | | | |
| | | | | Enter w | hole c | lollar | | | | | |
| | 5 | Dependent on Another's Return (See the instructions for Line 11.) | Δ., | Spouse Ise only when F | ilina | | B Yourself For use by all | | | | |
| | J | Dependent of Another 3 rectain (see the instructions for Line 11.) | | Status 4 is chec | | | other filers. | | | | |
| | 6 | ADJUSTED GROSS INCOME (total of Line 32, Col. A1 and B1, Part I, on Page 2) 6 | | | 00 | • | 00 | | | | |
| STEP 2 | 7 | Additions from Line 36, Part II, on Page 2 | | 00 | • | 00 | | | | | |
| Do you need | | Subtotal (add Line 6 and Line 7) 8 | | | 00 | | 00 | | | | |
| to file? See Line 10 | | Subtractions from Line 45, Part III, on Page 2 | | | 00 | ∙∟ | 00 | | | | |
| Instructions. → | | VIRGINIA ADJUSTED GROSS INCOME (subtract Line 9 from Line 8) 10 | | | 00 | | 00 | | | | |
| STEP 3 | 11 | (a) Standard Deduction from Line 46(e), Part IV, on Page 2 11(a) (b) Itemized Deductions from Line 47(c), Part V, on Page 2 OR 11(b) | | | 00 | _ | 00 | | | | |
| Compute Your | 12 | (b) Itemized Deductions from Line 47(c), Part V, on Page 2 OR 11(b) Prorated Exemption Amount (See instruction to prorate using the Ratio Schedule) 12 | | | 00 | _ | 00 | | | | |
| Your Virginia | | Virginia Child and Dependent Care Expenses Deduction (See instructions) | | | 00 | • | 00 | | | | |
| | | Subtotal (add Lines 11(a) or 11(b), 12 and 13) 14 | | 00 | | 00 | | | | | |
| Income | | Virginia Taxable Income (subtract Line 14 from Line 10) 15 | | | 00 | | 00 | | | | |
| STEP 4 | 16 | Income Tax: From Tax Table or Tax Rate Schedule 16 | | | 00 | | 00 | | | | |
| Compute Your Tax | | TOTAL TAX (add column A and column B, Line 16) | | | | | 00 | | | | |
| _ | 18 | Payments:(a) Your Virginia Income Tax Withheld (Attach Forms W-2, W-2G and 1099-R) | | | . , | \vdash | 00 | | | | |
| STEP 5 Compute | | (b) Spouse's Virginia Income Tax Withheld (Attach Forms W-2, W-2G and 109 | , | | ` ′ | - | 00 | | | | |
| Your | | (c) Combined 2004 Estimated Tax Payments (Include credit from 2003) | | | ` ' | - | 00 | | | | |
| Payments and | | (d) Extension Payment - Form 760E | | | . , | \vdash | 00 | | | | |
| Credits | | Credits: (e) Tax Credit for Low-Income Individuals from Part II, Line 11, Schedule NPY (f) Credit for Tax Paid to Another State from Schedule NPY | | | ` ' | _ | 00 | | | | |
| | | (g) Credits from attached Schedule CR. If claiming Political Contribution Credi also check box. (See instructions) | t only, | | , , | | 00 | | | | |
| ; | | (h) Check box if reporting Coalfield Employment Enhancement Tax Credit earn | ned in 2 | 2004 | | 卜 | | | | | |
| STEP 6 Compute Amount You Owe or Your Refund | | TOTAL PAYMENTS AND CREDITS [add Lines 18(a) through (g)] | | | | _ | 00 | | | | |
| | | If Line 17 is larger than Line 19, enter the difference. This is the INCOME TAX YOU OW! | | | | | 00 | | | | |
| | | If Line 19 is larger than Line 17, enter the difference. This is the OVERPAYMENT AMOU! | | | | | 00 | | | | |
| | | Addition to tax, penalty and interest from Schedule NPY, page 2, Part IV, Line 4 | | ····· | | - | 00 | | | | |
| | | Amount of overpayment on Line 21 to be CREDITED TO 2005 ESTIMATED INCOME TAX . 23. | | | | • | 00 | | | | |
| | | Contributions and Consumer's Use Tax from Schedule NPY, part V, Line 7. | | | | • | 00 | | | | |
| | | Add Line 22, Line 23 (Columns A and B) and Line 24 | | | 25 | \vdash | 00 | | | | |
| j) | 20 | larger than Line 21, enter the difference. This is the AMOUNT YOU OWE . Attach paymen | | | 26 | | 00 | | | | |
| | | Check here if credit card paymer | nt has b | een made | | r | | | | | |
| - Sign Your | 27 | If Line 21 is larger than Line 25, subtract Line 25 from Line 21. This is the amount to be RE | FUNDE | | | | 00 | | | | |
| Return on Page | | For Local Use For Office Use LTD | | | ding W l | B | | | | | |

PART I - SCHEDULE OF INCOME AND ADJUSTMENTS (See instructions)

Name

—ALL FILERS MUST COMPLETE THIS SCHEDULE—

| E | N I ER SPOUSE'S IN | COME WHEN FILIN | G STATUS 4 IS USEL |) F(| JR USI | LERS | |
|--|--|--|--|--------------------------------|--------|--|--|
| 28 Income: | Column A1 Income on Federal Return | Column A2 Income While Virginia Resident | Column A3 Income While NOT Virginia Resident | Column Income Federal Re | on | Column B2 Income While Virginia Resident | Column B3 Income While NOT Virginia Resident |
| (a) Wages, salaries, tips and other compensation 28(a) | 00 | 00 | 00 | | 00 | 00 | 00 |
| (b) Interest and dividends(b) | 00 | 00 | 00 | | 00 | 00 | 00 |
| (c) Pension and other income (attach explanation) (c) | 00 | 00 | 00 | | 00 | 00 | 00 |
| 29 Gross income [add Lines 28 (a), (b) and (c)] | 00 | 00 | 00 | | 00 | 00 | 00 |
| 30 Adjustments to income: moving expenses 30 | 00 | 00 | 00 | | 00 | 00 | 00 |
| 31 Other income adjustments (attach explanation) 31 | 00 | 00 | 00 | | 00 | 00 | 00 |
| 32 Adjusted gross income (Line 29 less Lines 30 and 31)* 32 $$ | 00 | 00 | 00 | | 00 | 00 | 00 |
| (a) Net fixed date conformity modifications(a) | 00 | 00 | 00 | | 00 | 00 | 00 |
| (b) Fixed date conformity FAGI [add Lines 32 and 32(a)](b) | 00 | 00 | 00 | | 00 | 00 | 00 |

| (b) Fixed date conformity FAGI [add Lines 32 and 32(a)](b) | 00 | | 00 | 00 | 00 | | | 00 | 00 |
|--|---|-------------------------|-------------------|-----------|--|--------|------|----------|--|
| *Enter the amount on Line 32, Col. A1 on page 1, Line 6 Co | ol. A. Enter the amount | on Line 3 | 2, Col. B1 on pa | ige 1, L | ine 6, Col. B. | | | | |
| PART II - ADDITIONS TO FEDERAL ADJUSTED GROSS INCOM | ΛE | | | | A Spouse -USE when Filing St is checke | atus 4 | | | Yourself for use by all other filers |
| 33 Special fixed date conformity addition | | | | 33 | | 00 | | | 00 |
| 34 Interest earned while a Virginia resident on obligations of other | er states exempt from fo | ederal tax | | 34 | | 00 | 1 [| | 00 |
| 35 Other additions to federal adjusted gross income as provided | l in instructions - Attach | explanati | on | 35 | | 00 | | | 00 |
| 36 TOTAL ADDITIONS (add Lines 33 through 35) Enter here an | d on Line 7 on Page 1 | | | 36 | | 00 | | | 00 |
| PART III - SUBTRACTIONS FROM FEDERAL ADJUSTED GRO 37 Special fixed date conformity subtraction | | | | 37 | | 00 | • | | 00 |
| 38 Age deduction from Sch. NPY, Part I, Line 4 | | | | 38 | | 00 | | | 00 |
| 39 State income tax refund or overpayment credit reported as in received while a Virginia resident. (Claim in the same column | come on your federal re | eturn and ne on Line | e 6.) | 39 | | 00 | • | | 00 |
| 40 Income attributable to your period of residence outside Virgin | ia from Part I, columns | A3 and B | 3, Line 32(b) | 40 | | 00 | | | 00 |
| 41 Income (interest, dividends or gains) received while a Virginia securities of the U.S. exempt from state income tax, but not fi | | | | 41 | | 00 | • | | 00 |
| 42 Social Security and equivalent Tier 1 Railroad Retirement Act income on your federal return and attributable to your period | t benefits reported as ta of residence in Virginia | axable | | 42 | | 00 | • | | 00 |
| 43 Disability income received while a Virginia resident and repo (or payment in lieu of wages) on account of permanent and You cannot claim an Age Deduction on Line 38 and the disal | I total disability | □ Y | pouse ou s. | 43 | | 00 | • | <u> </u> | 00 |
| 44 Other subtractions - refer to the instruction book for Other Su (a) Enter 2 digit code in box | btraction Codes | | • 4 | 14(a) | | 00 | • | | 00 |
| (b) Enter 2 digit code in box | —— | | • | (b) | | 00 | | | 00 |
| (c) Enter 2 digit code in box | — | | • | (c) | | 00 | • | | 00 |
| 45 TOTAL SUBTRACTIONS - (add Lines 37 through 44c). Enter | r here and on Line 9 on | Page 1 | | 45 | | 00 | | | 00 |
| PART IV - STANDARD DEDUCTION (The standard deduction must to 46 (a) Fixed date conformity Federal ADJUSTED GROSS INCO | | | | • | | , | | ı | 00 |
| (b) Fixed date conformity income attributable to Virginia resid | dence (total of Line 32(l | b), columr | ns A2 + B2 from F | Part I ab | ove) | (b) | | | 00 |
| (c) Percentage of full standard deduction allowable [amount 46(a)]. Enter to only one decimal place (Ex.: 12.2%) | | | | | | (c) | | | % |
| (d) Filing Status 1: Enter \$3,000; Filing Status 2 or 4: Enter \$ | 5,000; Filing Status 3: E | Enter \$2,5 | 00 | | | (d) | | | 00 |
| (e) Multiply Line 46(c) by 46(d). Enter here and on Line 11 (a you may allocate this amount between husband and wife | | | | | | (e) | | | 00 |
| PART V - ITEMIZED DEDUCTIONS (If you itemized deductions of | | | | | | | rn.) | | |
| 47 (a) Itemized deductions from Schedule A Worksheet paid wh | · · | | | | | ` ' | - | | 00 |
| (b) State and local income taxes claimed on Schedule A and | • • | | | | | (b) | | | 00 |
| (c) Allowable Virginia itemized deductions: Subtract Line 47(If using Filing Status 4, you may allocate this amount beto | ween husband and wife | , as mutua | | | | (c) | | | 00 |
| I (We) authorize the Department of Taxation to discuss this re I (We), the undersigned, declare under penalty of law that I (w return. We agree that filing separately on this combined return | e) have examined this | s return a | | | | | | | |

| related with be made payable to de jointly. | | | | | | | | | |
|---|--|------|-----------|--------------------------------|--------------------------|-----------------|--|--|--|
| Please | Your Signature | Date | Check if | Your Business Phone Number | Home Phone Number | | | | |
| | x | | deceased. | • () | • () | | | | |
| | Spouse's Signature (If Filing Status 2 or 4, both must sign.) | Date | Check if | Spouse's Business Phone Number | | | | | |
| | x | | deceased. | • () | | | | | |
| Preparer's | Preparer's Signature | | | Preparer's Phone Number | Preparer's FEIN/PTIN/SSN | | | | |
| | X | | | () | • | | | | |
| | Firm's Name (or Yours If Self-Employed) and Address | | | | | Filing Election | | | |
| | | | | | | | | | |